

HAZARD REPORT		DATE REPORTED
TO: Safety and Health Manager	FROM: <i>(Name, Office Symbol, and Telephone Extension)</i>	
LOCATION/DESCRIPTION OF HAZARD AND SIGNATURE OF PERSON MAKING REPORT		
ACTION TAKEN		
FINAL DISPOSITION OF HAZARD		
SIGNATURE OF SAFETY AND HEALTH MANAGER		DATE

IF YOU ARE DISSATISFIED WITH THE RESPONSE SHOWN ON THE OTHER SIDE OF THIS FORM, you are encouraged to take the following actions in the order listed below. (NOTE: It is likely that bypassing any action below will result in a delay in resolving the problem since the report will be returned to the bypassed level of review for proper processing.)

1. Contact the Safety and Health Manager in person at _____
(OFFICE ADDRESS AND/OR BUILDING AND ROOM NUMBER)

or by telephone at _____
TELEPHONE NUMBER

2. Forward the report, describing in detail the prior disposition of the report, to the Commander,

(NAME OF PRIMARY LEVEL FIELD ACTIVITY)

3. Forward the report, describing in detail the prior disposition of the report, to the Defense Logistics Agency's designated Safety and Health Official at the following address:

DEFENSE LOGISTICS AGENCY
ATTN: DSS-D
8725 JOHN J KINGMAN ROAD
FORT BELVOIR, VA 22060-6221